

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/1
O.I.P.E. CLASSIFIER		8	5/2/01
FORMALITY REVIEW	KE	SC51705	06/22/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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